# AUTHOR NOTE: Below is (1) a description of the corrections and cleaning that was done to the *Round 7* data (reflected in the “cleaned\_deid” versions of the data), (2) Variable Descriptions for each variable in the *Round 7* data, and (3) a description of and explanation of the calculations done for each of the Calculated Variables from *Round 7*.

# The formatting of the data for this round is slightly different as it was conducted in Qualtrics, while all other assessments associated with the project were collected via REDCAP.

# If you note any errors or any combination of information that could jeopardize confidentiality of participants, please let us know prior to release for open access.

# Data for participants should be able to be matched across surveys based on the Subject ID (sub\_id).

* The code has also been shared on OSF
* Almost all of our data cleaning was just to get it in analyzable shape, and to exclude or correct obvious errors (e.g., misspelled country names) and impossible values. Beyond clearly impossible values (e.g., a participant who says they average 40 hours of sleep per night), we have not removed outliers or other suspect values, because we want to leave decisions on how to deal with these to each researcher.
* We encourage pre-registration of analyses. Here are a few previously done by the authors:
  + <https://osf.io/tb4qv>
  + <https://osf.io/kg6bu>
  + <https://osf.io/7zg5v>
  + <https://osf.io/zn4bx>

# Round 7

## Corrections and cleaning

1. Data collection in Round 7 was conducted using Qualtrics instead of REDCAP. This explains why a few of the variables may differ from all other data collection (e.g. variables names for ResponseID, start and end dates, etc.). The primary variables that allow for lining up data between datasets (e.g. sub\_id) have been standardized and thus should not impair analysis across datasets.
2. Standardized formatting and spelling of COVID-19 vaccines
3. In the initial launch of the survey, if participants reported being unvaccinated in the initial phase of the study it was set to skip to the end without further inquiry. There were several measures that we did still want to collect from these participants, however (e.g., FIRST, ESS, CDRISC-10, PSAS, MMQ). As such, we created a second survey that just included these measures and sent it to participants that reported being unvaccinated. Given the overlap between questions, the responses from the two surveys were merged into this single dataset.
   1. This also may explain why responses from some unvaccinated participants may show up more than once.
4. A number of Likert-type resonses were output by Qualtrics as text (e.g., “Somewhat Agree”). In the cleaned data, these were converted to numbers (the corresponded between text and numbers is given in the variable descriptions below).
5. All free response questions were removed from the analysis as we did not have time to check for identifying information.

# Round 7 Variable Descriptions

\*Note: Variables in RED TEXT are not included in the de-identified versions of the data. To get access to this data, you must contact Tony Cunningham ([acunnin4@bidmc.harvard.edu](mailto:acunnin4@bidmc.harvard.edu)) and be brought onto the IRB (which is definitely doable)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **MEASURE** | **QUESTION\_CONTENT** | **MULTIPLE\_CHOICE\_RESPONSES\_if\_any** |
| ResponseId |  | Response ID autogenerated by Qualtrics |  |
| StartDate | Date | This is the **START DATE,** or the date and time that the participants started the survey (in America/Denver time zone). Format for dates in this round is different than other rounds because Qualtrics was used for data collection as opposed to Redcap. |  |
| EndDate | Date | This is the **END DATE,** or the date and time that the participants ended the survey (in America/Denver time zone). Format for dates in this round is different than other rounds because Qualtrics was used for data collection as opposed to Redcap. |  |
| Progress | Percentage | Percentage of survey completed |  |
| Duration (in seconds) | Seconds | Amount of time it took from survey start to completion (in seconds) |  |
| Finished | True False | If finished (TRUE = yes, it was finished, FALSE = no it was not finished) |  |
| RecordedDate | Date | This is the **RECORDED DATE,** or the date and time that the participants final response was recorded (in America/Denver time zone). Format for dates in this round is different than other rounds because Qualtrics was used for data collection as opposed to Redcap. |  |
| consent | Consent | Must respond "I hereby give my informed and free consent to be a participant in this study." to continue |  |
| LocationLatitude | Autogenerated | Collected latitude of participant |  |
| LocationLongitude | Autogenerated | Collected longitude of participant |  |
| sub\_id | Subject ID | This is the **SUBJECT ID**. This is what is used to identify each individual subject. To enhance confidentiality, we have replaced their given IDs with numbers. |  |
| Age | Demographics | What is your age in years? |  |
| Race | Demographics | What is your racial and/or ethnic identity? (Check all that apply) - Selected Choice | 1, Asian, | 2, Black, | 3, Hispanic/Latinx, | 4, Native American or Indigenous Persons, | 5, Native Hawaiian or other Pacific Islander, | 6, White, | 7, Unknown or prefer not to state, | 8, Prefer to self describe |
| Race\_7\_TEXT | Free response | Prefer to self-describe |  |
| Gender | Demographics | What is your gender identity? - Selected Choice | 1, Woman, | 2, Man, | 3, Non-binary or third gender, | 4, Prefer not to state, | 5, Prefer to self-describe |
| Gender\_5\_TEXT | Free response | Prefer to self-describe |  |
| RecruitmentSource | Demographics | How did you hear about this survey? - Selected Choice | 1, Student subject pool (e.g., HSP), | 2, Twitter, | 3, Facebook, | 4, Instagram, | 5, Reddit, | 6, Other |
| RecruitmentSource\_6\_TEXT | Free response | “Other” recruitment source description |  |
| Q89\_1 | Ford Insomnia Response to Stress Test | INSTRUCTION: When you experience the following situations, how likely is it for you to have difficulty sleeping? Tick the corresponding box. Answer all questions even if you have not experienced theses situation recently. - Before an important meeting the next day | 1, Not likely | 2, Somewhat likely | 3, Moderately likely | 4, Very likely |
| Q89\_2 | Ford Insomnia Response to Stress Test | After a stressful experience during the day | 1, Not likely | 2, Somewhat likely | 3, Moderately likely | 4, Very likely |
| Q89\_3 | Ford Insomnia Response to Stress Test | After a stressful experience in the evening | 1, Not likely | 2, Somewhat likely | 3, Moderately likely | 4, Very likely |
| Q89\_4 | Ford Insomnia Response to Stress Test | After getting bad news during the day | 1, Not likely | 2, Somewhat likely | 3, Moderately likely | 4, Very likely |
| Q89\_5 | Ford Insomnia Response to Stress Test | After watching a frightening movie or TV show | 1, Not likely | 2, Somewhat likely | 3, Moderately likely | 4, Very likely |
| Q89\_6 | Ford Insomnia Response to Stress Test | After having a bad day at work / school | 1, Not likely | 2, Somewhat likely | 3, Moderately likely | 4, Very likely |
| Q89\_7 | Ford Insomnia Response to Stress Test | After an argument | 1, Not likely | 2, Somewhat likely | 3, Moderately likely | 4, Very likely |
| Q89\_8 | Ford Insomnia Response to Stress Test | Before having to speak in public | 1, Not likely | 2, Somewhat likely | 3, Moderately likely | 4, Very likely |
| Q89\_9 | Ford Insomnia Response to Stress Test | Before going on a vacation the next day | 1, Not likely | 2, Somewhat likely | 3, Moderately likely | 4, Very likely |
| Q90\_1 | Epworth Sleepiness Scale | How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?    This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate rating for each situation. - Sitting and reading | 0, Would NEVER doze | 1, SLIGHT chance of dozong | 2, MODERATE chance of dozing | 3, HIGH chance of dozing |
| Q90\_2 | Epworth Sleepiness Scale | Watching TV | 0, Would NEVER doze | 1, SLIGHT chance of dozong | 2, MODERATE chance of dozing | 3, HIGH chance of dozing |
| Q90\_3 | Epworth Sleepiness Scale | Sitting, inactive in a public place (e.g. theater or a meeting) | 0, Would NEVER doze | 1, SLIGHT chance of dozong | 2, MODERATE chance of dozing | 3, HIGH chance of dozing |
| Q90\_4 | Epworth Sleepiness Scale | As a passenger in a car for an hour without a break | 0, Would NEVER doze | 1, SLIGHT chance of dozong | 2, MODERATE chance of dozing | 3, HIGH chance of dozing |
| Q90\_5 | Epworth Sleepiness Scale | Lying down to rest in the afternoon when circumstances permit | 0, Would NEVER doze | 1, SLIGHT chance of dozong | 2, MODERATE chance of dozing | 3, HIGH chance of dozing |
| Q90\_6 | Epworth Sleepiness Scale | Sitting and talking to someone | 0, Would NEVER doze | 1, SLIGHT chance of dozong | 2, MODERATE chance of dozing | 3, HIGH chance of dozing |
| Q90\_7 | Epworth Sleepiness Scale | Sitting quietly after a lunch without alcohol | 0, Would NEVER doze | 1, SLIGHT chance of dozong | 2, MODERATE chance of dozing | 3, HIGH chance of dozing |
| Q90\_8 | Epworth Sleepiness Scale | In a car, while stopped for a few minutes in traffic | 0, Would NEVER doze | 1, SLIGHT chance of dozong | 2, MODERATE chance of dozing | 3, HIGH chance of dozing |
| Q91\_1 | Connor-Davidson Resilience Scale-10 | Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt. - I am able to adapt when change occurs | 0, Not true at all | 1, Rarely true | 2, Sometimes true | 3, Often true | 4, True nearly all the time |
| Q91\_2 | Connor-Davidson Resilience Scale-10 | I can deal with whatever comes my way | 0, Not true at all | 1, Rarely true | 2, Sometimes true | 3, Often true | 4, True nearly all the time |
| Q91\_3 | Connor-Davidson Resilience Scale-10 | I try to see the humorous side of things when I am faced with problems | 0, Not true at all | 1, Rarely true | 2, Sometimes true | 3, Often true | 4, True nearly all the time |
| Q91\_4 | Connor-Davidson Resilience Scale-10 | Having to cope with stress can make me stronger | 0, Not true at all | 1, Rarely true | 2, Sometimes true | 3, Often true | 4, True nearly all the time |
| Q91\_5 | Connor-Davidson Resilience Scale-10 | I tend to bounce back after illness, injury, or other hardships | 0, Not true at all | 1, Rarely true | 2, Sometimes true | 3, Often true | 4, True nearly all the time |
| Q91\_6 | Connor-Davidson Resilience Scale-10 | I believe I can achieve my goals, even if there are obstacles | 0, Not true at all | 1, Rarely true | 2, Sometimes true | 3, Often true | 4, True nearly all the time |
| Q91\_7 | Connor-Davidson Resilience Scale-10 | Under pressure, I stay focused and think clearly | 0, Not true at all | 1, Rarely true | 2, Sometimes true | 3, Often true | 4, True nearly all the time |
| Q91\_8 | Connor-Davidson Resilience Scale-10 | I am not easily discouraged by failure | 0, Not true at all | 1, Rarely true | 2, Sometimes true | 3, Often true | 4, True nearly all the time |
| Q91\_9 | Connor-Davidson Resilience Scale-10 | I think of myself as a strong person when dealing with life's challenges and difficulties | 0, Not true at all | 1, Rarely true | 2, Sometimes true | 3, Often true | 4, True nearly all the time |
| Q91\_10 | Connor-Davidson Resilience Scale-10 | I am able to handle unpleasant or painful feelings like sadness, fear, and anger | 0, Not true at all | 1, Rarely true | 2, Sometimes true | 3, Often true | 4, True nearly all the time |
| Q92\_1 | Pre-Sleep Arousal Scale | INSTRUCTIONS: Please describe how intensely you generally experience each of these symptoms as you attempt to fall asleep in your own bedroom. - Heart racing, pounding, or beating irregularly | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_2 | Pre-Sleep Arousal Scale | A jitterly, nervous feeling in your body | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_3 | Pre-Sleep Arousal Scale | Shortness of breath or labored breathing | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_4 | Pre-Sleep Arousal Scale | A tight, tense feeling in your muscles | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_5 | Pre-Sleep Arousal Scale | Cold feeling in your hands, feet, or your body | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_6 | Pre-Sleep Arousal Scale | Have stomach upset (knot or nervous feeling, heartburn, nauseas) | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_7 | Pre-Sleep Arousal Scale | Perspiration in the palms of your hands or other parts of the body. | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_8 | Pre-Sleep Arousal Scale | Dry feeling in your mouth or throat | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_9 | Pre-Sleep Arousal Scale | Worry about falling sleep | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_10 | Pre-Sleep Arousal Scale | Review or pounder events of the day | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_11 | Pre-Sleep Arousal Scale | Depressing or anxious thoughts | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_12 | Pre-Sleep Arousal Scale | Worry about problems other than sleep | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_13 | Pre-Sleep Arousal Scale | Being mentally alert, active | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_14 | Pre-Sleep Arousal Scale | Can't shut off your thoughts | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_15 | Pre-Sleep Arousal Scale | Thoughts keep racing through your head | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q92\_16 | Pre-Sleep Arousal Scale | Being distracted by sounds, noise in the environment (e.g. ticking of the clock, house noises, traffic etc.) | 1, Not at all | 2, Slightly | 3, Moderately | 4, A lot | 5, Extremely |
| Q93\_1 | Multifactorial Memory Questionnaire - Ability | Below is a list of common memory mistakes that people make. Decide how often you have done each one in the last two weeks. Then, mark the bubble under the appropriate response. - Forget to pay a bill on time | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_2 | Multifactorial Memory Questionnaire - Ability | Misplace something you use daily, like your keys or glasses | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_3 | Multifactorial Memory Questionnaire - Ability | Have trouble remembering a telephone number you just looked up | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_4 | Multifactorial Memory Questionnaire - Ability | Not recall the name of someone you just met | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_5 | Multifactorial Memory Questionnaire - Ability | Leave something behind when you meant to bring it with you | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_6 | Multifactorial Memory Questionnaire - Ability | Forget an appointment | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_7 | Multifactorial Memory Questionnaire - Ability | Forget what you were just about to do; for example, walk into a room and forget what you went there to do | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_8 | Multifactorial Memory Questionnaire - Ability | Forget to run an errand | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_9 | Multifactorial Memory Questionnaire - Ability | In conversation, have difficulty coming up with a specific word that you want | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_10 | Multifactorial Memory Questionnaire - Ability | Have trouble remembering details from a newspaper, magazine, or online article you read earlier in the day | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_11 | Multifactorial Memory Questionnaire - Ability | Forget to take medication | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_12 | Multifactorial Memory Questionnaire - Ability | Not recall the name of someone you have known for some time | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_13 | Multifactorial Memory Questionnaire - Ability | Forget to pass on a message | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_14 | Multifactorial Memory Questionnaire - Ability | Forget what you were going to say in conversation | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_15 | Multifactorial Memory Questionnaire - Ability | Forget a birthday or anniversary that you used to know well | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_16 | Multifactorial Memory Questionnaire - Ability | Forget a telephone number you use frequently | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_17 | Multifactorial Memory Questionnaire - Ability | Retell a story or a joke to the same person because you forget you already told them. | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_18 | Multifactorial Memory Questionnaire - Ability | Misplace something that you put away a few days ago | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_19 | Multifactorial Memory Questionnaire - Ability | Forget to buy something you intended to buy | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| Q93\_20 | Multifactorial Memory Questionnaire - Ability | Forget details about a recent conversation | 0, All of the time | 1, Often | 2, Sometimes | 3, Rarely | 4, Never |
| SilverLinings\_1 | Silver Lining Questions | When I think about events from March-May 2020, I remember: - my fears related to the spread of the illness | 1, Strongly Disagree | 2, Disagree | 3, Neither disagree nor agree | 4, Agree | 5, Strongly Agree |
| SilverLinings\_2 | Silver Lining Questions | When I think about events from March-May 2020, I remember: - the community working together under difficult circumstances | 1, Strongly Disagree | 2, Disagree | 3, Neither disagree nor agree | 4, Agree | 5, Strongly Agree |
| SilverLinings\_3 | Silver Lining Questions | When I think about events from March-May 2020, I remember: - feeling hope that the efforts will save lives | 1, Strongly Disagree | 2, Disagree | 3, Neither disagree nor agree | 4, Agree | 5, Strongly Agree |
| SilverLinings\_4 | Silver Lining Questions | When I think about events from March-May 2020, I remember: - the social isolation | 1, Strongly Disagree | 2, Disagree | 3, Neither disagree nor agree | 4, Agree | 5, Strongly Agree |
| SilverLinings\_5 | Silver Lining Questions | When I think about events from March-May 2020, I remember: - the financial uncertainty | 1, Strongly Disagree | 2, Disagree | 3, Neither disagree nor agree | 4, Agree | 5, Strongly Agree |
| SilverLinings\_6 | Silver Lining Questions | When I think about events from March-May 2020, I remember: - feeling interconnected with others even while being physically distant | 1, Strongly Disagree | 2, Disagree | 3, Neither disagree nor agree | 4, Agree | 5, Strongly Agree |
| FullyVacced | Vaccine Status | Are you fully vaccinated against COVID-19? | 1 = YES, 0 = NO |
| IntendVacced | Vaccine Status | Do you intend on becoming fully vaccianted? | 1 = YES, 0 = NO |
| Q22\_1 | Vaccine Status | What date do you expect to receive the dose that would make you fully vaccinated (e.g., the final dose in a two-dose vaccine or the only dose in a single-dose vaccine)? Please take your best guess if you do not have an appointment booked. - Month |  |
| Q22\_2 | Vaccine Status | What date do you expect to receive the dose that would make you fully vaccinated (e.g., the final dose in a two-dose vaccine or the only dose in a single-dose vaccine)? Please take your best guess if you do not have an appointment booked. - Day |  |
| Q22\_3 | Vaccine Status | What date do you expect to receive the dose that would make you fully vaccinated (e.g., the final dose in a two-dose vaccine or the only dose in a single-dose vaccine)? Please take your best guess if you do not have an appointment booked. - Year |  |
| Q84 | Vaccine Status | Thank you for your time. You are not eligible to complete this study until you have been fully vaccinated from COVID-19. May we contact you once you are fully vaccinated to participate in the remainder of the study? | 1 = YES, 0 = NO |
| OneOrTwoDose | Vaccine Status | Did you receive a one-dose or two-dose vaccine? | 1, One-dose | 2, Two-dose |
| DateSingleDose\_1 | Single Dose Anchors | What date did you receive your dose of the COVID-19 vaccine? - Month |  |
| DateSingleDose\_2 | Single Dose Anchors | What date did you receive your dose of the COVID-19 vaccine? - Day |  |
| DateSingleDose\_3 | Single Dose Anchors | What date did you receive your dose of the COVID-19 vaccine? - Year |  |
| Q79 | Free Response | When I remember getting my COVID-19 vaccination and becoming fully vaccinated the first thing I remember is (please describe in approximately 50 words): |  |
| Q80 | Single Dose Anchors | When did you experience your peak positive emotion around your COVID-19 vaccination: | 1, Prior to successfully having an appointment booked | 2, Having an appointment booked | 3, Receiving your shot | 4, Being considered fully vaccinated at two-weeks past your shot | 5, I did not experience a strong positive emotion |
| Q81 | Single Dose Anchors | When did you experience your peak negative emotion around your COVID-19 vaccination: | 1, Prior to successfully having an appointment booked | 2, Having an appointment booked | 3, Receiving your shot | 4, Being considered fully vaccinated at two-weeks past your shot | 5, I did not experience a strong negative emotion |
| DateFirstDose\_1 | Two Dose Anchors | What date did you receive your first dose of the COVID-19 vaccine? - Month |  |
| DateFirstDose\_2 | Two Dose Anchors | What date did you receive your first dose of the COVID-19 vaccine? - Day |  |
| DateFirstDose\_3 | Two Dose Anchors | What date did you receive your first dose of the COVID-19 vaccine? - Year |  |
| DateSecondDose\_1 | Two Dose Anchors | What date did you receive your second dose of the COVID-19 vaccine? - Month |  |
| DateSecondDose\_2 | Two Dose Anchors | What date did you receive your second dose of the COVID-19 vaccine? - Day |  |
| DateSecondDose\_3 | Two Dose Anchors | What date did you receive your second dose of the COVID-19 vaccine? - Year |  |
| QID1 | Free Response | When I remember getting my COVID-19 vaccination and becoming fully vaccinated, the first thing I remember is (please describe in approximately 50 words): |  |
| PositivePeak | Two Dose Anchors | When did you experience your peak positive emotion around your COVID-19 vaccination: | 1, Prior to successfully having an appointment booked | 2, Having an appointment booked | 3, Receiving your first shot | 4, Receiving your second shot | 5, Being considered fully vaccinated at two-weeks past your second shot | 6, I did not experience a strong positive emotion |
| NegativePeak | Two Dose Anchors | When did you experience your peak negative emotion around your COVID-19 vaccination: | 1, Prior to successfully having an appointment booked | 2, Having an appointment booked | 3, Receiving your first shot | 4, Receiving your second shot | 5, Being considered fully vaccinated at two-weeks past your second shot | 6, I did not experience a strong negative emotion |
| Focus\_1 | Event Focus | The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember the stress of booking the appointment. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Focus\_2 | Event Focus | The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember worrying that it was still new and untested. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Focus\_3 | Event Focus | The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember being excited to see family and friends. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Focus\_4 | Event Focus | The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember feeling relieved to no longer be at risk for COVID. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Focus\_5 | Event Focus | The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember worrying about the physical side effects. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Focus\_6 | Event Focus | The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember feeling more relaxed in public. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Focus\_7 | Event Focus | The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember feeling excited that I was able to get an appointment. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Focus\_8 | Event Focus | The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember feeling nervous about being in a room with other people. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Focus\_9 | Event Focus | The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember experiencing the physical side effects. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Focus\_10 | Event Focus | The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember feeling proud that I was helping move my community closer to normal | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Focus\_11 | Event Focus | The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember feeling guilty because I had an appointment when others did not. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Focus\_12 | Event Focus | The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember being impressed by the existence of a vaccine for a relatively new disease. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q31 | Free Response | Please write down everything you possibly remember about getting your first COVID-19 vaccine shot. Tell me absolutely everything that comes to mind from what you saw and did to what you felt. No detail is too trivial. I want you to describe the event to me so I can really picture it in my mind. |  |
| Q32\_First Click | First Dose Recall | Timing - First Click |  |
| Q32\_Last Click | First Dose Recall | Timing - Last Click |  |
| Q32\_Page Submit | First Dose Recall | Timing - Page Submit |  |
| Q32\_Click Count | First Dose Recall | Timing - Click Count |  |
| VaccinePhems\_NegEmo\_FirstDose | First Dose Recall | As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How negative/unpleasant was this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_PosEmo\_FirstDose | First Dose Recall | As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How positive/pleasant was this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_LowArs\_FirstDose | First Dose Recall | As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How calm or subdued did you feel during this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_HighArs\_FirstDose | First Dose Recall | As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How excited or agitated did you feel during this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Clarity\_FirstDose | First Dose Recall | As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How much clarity and detail do you remember about this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Imp\_FirstDose | First Dose Recall | As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How personally important IS this event to you NOW? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Relive\_FirstDose | First Dose Recall | As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - While remembering the event, how much do you feel that you are reliving the event, as if it were happening right now? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Rehearse\_FirstDose | First Dose Recall | As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - Since it happened, how much have you thought or talked about this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Belief\_FirstDose | First Dose Recall | As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How much do you believe the event in your memory really occurred in the way you remember it, and that you have not imagined or fabricated anything that did not occur? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Unique\_FirstDose | First Dose Recall | As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - To what extent do you think this was a unique event, unlike anything you have previously experienced? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q53 | Free Response | Please write down everything you possibly remember about what happened after getting your first COVID-19 vaccine. Tell me absolutely everything that comes to mind about what you experienced, thought and felt in the days following your first vaccine shot. |  |
| Q55\_First Click | First Dose Recall | Timing - First Click |  |
| Q55\_Last Click | First Dose Recall | Timing - Last Click |  |
| Q55\_Page Submit | First Dose Recall | Timing - Page Submit |  |
| Q55\_Click Count | First Dose Recall | Timing - Click Count |  |
| Q41\_1 | First Dose Recall | As you reflect on your experience after your first vaccination, please rate each of the following: - I experienced unpleasant side effects | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q41\_2 | First Dose Recall | As you reflect on your experience after your first vaccination, please rate each of the following: - I read media coverage concerning possible side effects | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q41\_3 | First Dose Recall | As you reflect on your experience after your first vaccination, please rate each of the following: - Someone I knew experienced unpleasant side effects | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q41\_4 | First Dose Recall | As you reflect on your experience after your first vaccination, please rate each of the following: - I felt more comfortable being in public places | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q33 | Free Response | Now, please write down everything you possibly remember about getting your second COVID-19 vaccine shot. Tell me absolutely everything that comes to mind from what you saw and did to what you felt. No detail is too trivial. I want you to describe the event to me so I can really picture it in my mind. |  |
| Q34\_First Click | Second Dose Recall | Timing - First Click |  |
| Q34\_Last Click | Second Dose Recall | Timing - Last Click |  |
| Q34\_Page Submit | Second Dose Recall | Timing - Page Submit |  |
| Q34\_Click Count | Second Dose Recall | Timing - Click Count |  |
| VaccinePhems\_NegEmo\_2ndDose | Second Dose Recall | As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How negative/unpleasant was this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_PosEmo\_2ndDose | Second Dose Recall | As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How positive/pleasant was this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_LowArs\_2ndDose | Second Dose Recall | As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How calm or subdued did you feel during this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_HighArs\_2ndDose | Second Dose Recall | As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How excited or agitated did you feel during this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Clarity\_2ndDose | Second Dose Recall | As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How much clarity and detail do you remember about this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Imp\_2ndDose | Second Dose Recall | As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How personally important IS this event to you NOW? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Relive\_2ndDose | Second Dose Recall | As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - While remembering the event, how much do you feel that you are reliving the event, as if it were happening right now? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Rehearse\_2ndDose | Second Dose Recall | As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - Since it happened, how much have you thought or talked about this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Belief\_2ndDose | Second Dose Recall | As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How much do you believe the event in your memory really occurred in the way you remember it, and that you have not imagined or fabricated anything that did not occur? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Unique\_2ndDose | Second Dose Recall | As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - To what extent do you think this was a unique event, unlike anything you have previously experienced? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q57 | Free Response | Finally, please write down everything you possibly remember about what happened after getting your second COVID-19 vaccine. Tell me absolutely everything that comes to mind about what you experienced, thought and felt in the days following your second vaccine shot. |  |
| Q59\_First Click | Second Dose Recall | Timing - First Click |  |
| Q59\_Last Click | Second Dose Recall | Timing - Last Click |  |
| Q59\_Page Submit | Second Dose Recall | Timing - Page Submit |  |
| Q59\_Click Count | Second Dose Recall | Timing - Click Count |  |
| Q51\_1 | Second Dose Recall | As you reflect on your experience after your second vaccination, please rate each of the following: - I experienced unpleasant side effects | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q51\_2 | Second Dose Recall | As you reflect on your experience after your second vaccination, please rate each of the following: - I read media coverage concerning possible side effects | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q51\_3 | Second Dose Recall | As you reflect on your experience after your second vaccination, please rate each of the following: - Someone I knew experienced unpleasant side effects | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q51\_4 | Second Dose Recall | As you reflect on your experience after your second vaccination, please rate each of the following: - I felt more comfortable being in public places | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q68 | Second Dose Recall | How confident are you in your ability to distinguish your memory for your first shot from your memory for your second shot? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q69 | Second Dose Recall | How much do you think that your memory for the second shot has interfered with your memory for your first shot? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q60 | Free Response | Please write down everything you possibly remember about getting your COVID-19 vaccine shot. Tell me absolutely everything that comes to mind from what you saw and did to what you felt. No detail is too trivial. I want you to describe the event to me so I can really picture it in my mind. |  |
| Q62\_First Click | Single Dose Recall | Timing - First Click |  |
| Q62\_Last Click | Single Dose Recall | Timing - Last Click |  |
| Q62\_Page Submit | Single Dose Recall | Timing - Page Submit |  |
| Q62\_Click Count | Single Dose Recall | Timing - Click Count |  |
| VaccinePhems\_NegEmo\_SingleDose | Single Dose Recall | As you reflect on your memory for your vaccination, please rate each of the following: - How negative/unpleasant was this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_PosEmo\_SingleDose | Single Dose Recall | As you reflect on your memory for your vaccination, please rate each of the following: - How positive/pleasant was this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_LowArs\_SingleDose | Single Dose Recall | As you reflect on your memory for your vaccination, please rate each of the following: - How calm or subdued did you feel during this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_HighArs\_SingleDose | Single Dose Recall | As you reflect on your memory for your vaccination, please rate each of the following: - How excited or agitated did you feel during this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Clarity\_SingleDose | Single Dose Recall | As you reflect on your memory for your vaccination, please rate each of the following: - How much clarity and detail do you remember about this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Imp\_SingleDose | Single Dose Recall | As you reflect on your memory for your vaccination, please rate each of the following: - How personally important IS this event to you NOW? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Relive\_SingleDose | Single Dose Recall | As you reflect on your memory for your vaccination, please rate each of the following: - While remembering the event, how much do you feel that you are reliving the event, as if it were happening right now? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Rehearse\_SingleDose | Single Dose Recall | As you reflect on your memory for your vaccination, please rate each of the following: - Since it happened, how much have you thought or talked about this event? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Belief\_SingleDose | Single Dose Recall | As you reflect on your memory for your vaccination, please rate each of the following: - How much do you believe the event in your memory really occurred in the way you remember it, and that you have not imagined or fabricated anything that did not occur? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccinePhems\_Unique\_SingleDose | Single Dose Recall | As you reflect on your memory for your vaccination, please rate each of the following: - To what extent do you think this was a unique event, unlike anything you have previously experienced? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q64 | Free Response | Please write down everything you possibly remember about what happened after getting your COVID-19 vaccine. Tell me absolutely everything that comes to mind about what you experienced, thought and felt in the days following your first vaccine shot. |  |
| Q66\_First Click | Single Dose Recall | Timing - First Click |  |
| Q66\_Last Click | Single Dose Recall | Timing - Last Click |  |
| Q66\_Page Submit | Single Dose Recall | Timing - Page Submit |  |
| Q66\_Click Count | Single Dose Recall | Timing - Click Count |  |
| Q67\_1 | Single Dose Recall | As you reflect on your experience after your vaccination, please rate each of the following: - I experienced unpleasant side effects | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q67\_2 | Single Dose Recall | As you reflect on your experience after your vaccination, please rate each of the following: - I read media coverage concerning possible side effects | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q67\_3 | Single Dose Recall | As you reflect on your experience after your vaccination, please rate each of the following: - Someone I knew experienced unpleasant side effects | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q67\_4 | Single Dose Recall | As you reflect on your experience after your vaccination, please rate each of the following: - I felt more comfortable being in public places | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q70 | Vaccine Emotions | When I think about my vaccination, I feel emotions that are: | 1, Not at all positive | 2, Mildly positive | 3, Somewhat positive | 4, Very positive | 5, Extremely positive |
| Q71 | Vaccine Emotions | When I think about my vaccination, I feel emotions that are: | 1, Not at all negative | 2, Mildly negative | 3, Somewhat negative | 4, Very negative | 5, Extremely negative |
| Anger\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Anger | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Wanting\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Wanting | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Dread\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Dread | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Sad\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Sad | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Easygoing\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Easygoing | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| GrossedOut\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Grossed out | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Scared\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Scared | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Mad\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Mad | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Satisfaction\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Satisfaction | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Sickened\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Sickened | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Empty\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Empty | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Craving\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Craving | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Panic\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Panic | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Happy\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Happy | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Terror\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Terror | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Longing\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Longing | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Rage\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Rage | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Calm\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Calm | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Grief\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Grief | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Fear\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Fear | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Nausea\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Nausea | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Relaxation\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Relaxation | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Anxiety\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Anxiety | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Revulsion\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Revulsion | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| ChilledOut\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Chilled out | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Worry\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Worry | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Desire\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Desire | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Enjoyment\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Enjoyment | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Nervous\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Nervous | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| PissedOff\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Pissed off | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Lonely\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Lonely | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Liking\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Liking | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Excitement\_During | Vaccine Emotions | When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Excitement | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Anger\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Anger | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Wanting\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Wanting | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Dread\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Dread | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Sad\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Sad | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Easygoing\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Easygoing | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| GrossedOut\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Grossed out | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Scared\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Scared | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Mad\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Mad | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Satisfaction\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Satisfaction | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Sickened\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Sickened | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Empty\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Empty | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Craving\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Craving | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Panic\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Panic | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Happy\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Happy | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Terror\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Terror | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Longing\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Longing | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Rage\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Rage | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Calm\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Calm | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Grief\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Grief | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Fear\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Fear | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Nausea\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Nausea | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Relaxation\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Relaxation | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Anxiety\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Anxiety | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Revulsion\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Revulsion | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| ChilledOut\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Chilled out | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Worry\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Worry | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Desire\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Desire | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Enjoyment\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Enjoyment | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Nervous\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Nervous | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| PissedOff\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Pissed off | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Lonely\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Lonely | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Liking\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Liking | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Excitement\_Now | Vaccine Emotions | When you think about your vaccination experience now, to what extent do you experience the following emotions? - Excitement | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Logisitcs\_GetShot | Vaccine Logistics | When I think about my vaccination, I mostly remember: - Logistics of getting the shot | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Logisitcs\_AllergicReaction | Vaccine Logistics | When I think about my vaccination, I mostly remember: - Possible allergic reaction to the shot | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Logisitcs\_SideEffects | Vaccine Logistics | When I think about my vaccination, I mostly remember: - Possible side effects of the shot | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Logisitcs\_ProtectingSelf | Vaccine Logistics | When I think about my vaccination, I mostly remember: - Benefits of protecting myself | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Logisitcs\_PortectingOthers | Vaccine Logistics | When I think about my vaccination, I mostly remember: - Benefits of protecting others | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q74 | Vaccine Logistics | How in control do/did you feel about your decision to get vaccinated? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q75 | Vaccine Logistics | How in control do/did you feel about the logistics of getting vaccinated? (e.g., where or when you will be vaccinated?) | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Q76 | Vaccine Logistics | How in control do/did you feel about the brand of vaccine that you will receive? | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Motivation\_SelfHealth | Vaccine Logistics | To what extent has each of the following motivated you to get the vaccine? - I was concerned for my own health | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Motivation\_FamilyHealth | Vaccine Logistics | To what extent has each of the following motivated you to get the vaccine? - I was concerned for the health of a close family member | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Motivation\_CommunityHealth | Vaccine Logistics | To what extent has each of the following motivated you to get the vaccine? - I was concerned with the greater good for the community | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Motivation\_DrRec | Vaccine Logistics | To what extent has each of the following motivated you to get the vaccine? - It was recommended directly by my doctor | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Motivation\_ExpertRec | Vaccine Logistics | To what extent has each of the following motivated you to get the vaccine? - It was generally recommended by experts | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Motivation\_Required | Vaccine Logistics | To what extent has each of the following motivated you to get the vaccine? - It is required by my employer or school | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Motivation\_FamilyPressure | Vaccine Logistics | To what extent has each of the following motivated you to get the vaccine? - I felt pressure to get vaccinated from family or friends | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Motivation\_SeeFamily | Vaccine Logistics | To what extent has each of the following motivated you to get the vaccine? - I am unable to see family or friends if I am not vaccinated | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| Motivation\_ParticipateSociety | Vaccine Logistics | To what extent has each of the following motivated you to get the vaccine? - I am unable to participate fully in society if I am not vaccinated | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccineSupport\_Family | Vaccine Logistics | The following questions ask about how supported you felt in your decision to be vaccinated and in the logistics around your vaccination: - I feel that I was fully supported by my friends and family members in my decision to be vaccinated. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccineSupport\_VacStaff | Vaccine Logistics | The following questions ask about how supported you felt in your decision to be vaccinated and in the logistics around your vaccination: - I feel that I was fully supported by the vaccination staff when I was vaccinated. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccineSupport\_DecisionLacking | Vaccine Logistics | The following questions ask about how supported you felt in your decision to be vaccinated and in the logistics around your vaccination: - I feel that I was lacking support in my decision to be vaccinated. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccineSupport\_ProcessLacking | Vaccine Logistics | The following questions ask about how supported you felt in your decision to be vaccinated and in the logistics around your vaccination: - I feel that I was lacking support during my process of being vaccinated. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| VaccineSupport\_SecuringAppt | Vaccine Logistics | The following questions ask about how supported you felt in your decision to be vaccinated and in the logistics around your vaccination: - I feel that I was fully supported as I secured a vaccination appointment. | 1, Not at all | 2, Slightly | 3, Somewhat | 4, Moderately | 5, Quite a bit | 6, Very much | 7, An extreme amount |
| LivedWith\_1 | Lived With Questions | Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Under age 10 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| LivedWith\_2 | Lived With Questions | Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 11-20 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| LivedWith\_3 | Lived With Questions | Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 20-29 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| LivedWith\_4 | Lived With Questions | Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 30-39 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| LivedWith\_5 | Lived With Questions | Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 40-49 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| LivedWith\_6 | Lived With Questions | Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 50-59 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| LivedWith\_7 | Lived With Questions | Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 60-69 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| LivedWith\_8 | Lived With Questions | Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 70-79 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| LivedWith\_9 | Lived With Questions | Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 80+ | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| LivedWith\_10 | Lived With Questions | Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - None of the above | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| SocialInteractions\_1 | Social Interaction Questions | Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Under age 10 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| SocialInteractions\_2 | Social Interaction Questions | Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 11-20 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| SocialInteractions\_3 | Social Interaction Questions | Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 20-29 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| SocialInteractions\_4 | Social Interaction Questions | Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 30-39 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| SocialInteractions\_5 | Social Interaction Questions | Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 40-49 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| SocialInteractions\_6 | Social Interaction Questions | Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 50-59 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| SocialInteractions\_7 | Social Interaction Questions | Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 60-69 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| SocialInteractions\_8 | Social Interaction Questions | Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 70-79 | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| SocialInteractions\_9 | Social Interaction Questions | Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 80+ | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |
| SocialInteractions\_10 | Social Interaction Questions | Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - None of the above | 1, March-May 2020 | 2, June-August 2020 | 3, September-November 2020 | 4, December 2020-February 2021 | 5, March-May 2021 |

# Round 7 Calculated Variables

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| --- | --- | --- |
| **Calculated\_Variables** | **Variable\_Description** | **Calculation** |
| FIRST\_Total | Ford Insomnia Response to Stress Test Total Score | Sum of Q89\_1 + Q89\_2 + Q89\_3 + Q89\_4 + Q89\_5 + Q89\_6 + Q89\_7 + Q89\_8 + Q89\_9 |
| Epworth\_Total | Epworth Sleepiness Scale Total Score | Sum of Q90\_1 + Q90\_2 + Q90\_3 + Q90\_4 + Q90\_5 + Q90\_6 + Q90\_7 + Q90\_8 |
| CDRISC\_10\_Total | CDRISC-10 Total Score | Sum of Q91\_1 + Q91\_2 + Q91\_3 + Q91\_4 + Q91\_5 + Q91\_6 + Q91\_7 + Q91\_8 + Q91\_9 + Q91\_10 |
| CDRISC\_flexibility | CDRISC-10 Flexibility Subscale | Sum of Q91\_1 + Q91\_5 |
| CDRISC\_self\_efficacy | CDRISC-10 Self-efficacy Subscale | Sum of Q91\_2 + Q91\_4 + Q91\_9 |
| CDRISC\_regulate\_emotions | CDRISC-10 Regulate Emotions Subscale | Equals Q91\_10 |
| CDRISC\_optimism | CDRISC-10 Optimism Subscale | Sum of Q91\_3 + Q91\_6 + Q91\_8 |
| CDRISC\_cognitive\_focus | CDRISC-10 Cognitive Focus Subscale | Equals Q91\_7 |
| PSAS\_Total | Pre-sleep Arousal Scale Total Score | Sum of Q92\_1 + Q92\_2 + Q92\_3 + Q92\_4 + Q92\_5 + Q92\_6 + Q92\_7 + Q92\_8 + Q92\_9 + Q92\_10 + Q92\_11 + Q92\_12 + Q92\_13 + Q92\_14 + Q92\_15 + Q92\_16 |
| PSAS\_Somatic | Pre-sleep Arousal Scale Somatic Subscale | Sum of Q92\_1 + Q92\_2 + Q92\_3 + Q92\_4 + Q92\_5 + Q92\_6 + Q92\_7 + Q92\_8 |
| PSAS\_Cognitive | Pre-sleep Arousal Scale Cognitive Subscale | Sum of Q92\_9 + Q92\_10 + Q92\_11 + Q92\_12 + Q92\_13 + Q92\_14 + Q92\_15 + Q92\_16 |
| MMQ\_Ability\_total | Multimodal Memory Questionnaire - Ability Total Score | Sum of Q93\_1 + Q93\_2 + Q93\_3 + Q93\_4 + Q93\_5 + Q93\_6 + Q93\_7 + Q93\_8 + Q93\_9 + Q93\_10 + Q93\_11 + Q93\_12 + Q93\_13 + Q93\_14 + Q93\_15 + Q93\_16 + Q93\_17 + Q93\_18 + Q93\_19 + Q93\_20 |